



47155201220100100

# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2012  
OF THE CONDITION AND AFFAIRS OF THE

## Delta Dental Plan of Arkansas, Inc.

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code 47155 Employer's ID Number 71-0561140

Organized under the Laws of Arkansas, State of Domicile or Port of Entry Arkansas  
Country of Domicile Unites States

Licensed as business type: Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity   
Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization   
Other  Is HMO Federally Qualified? Yes  No

Incorporated/Organized March 15, 1982 Commenced Business: August 1, 1982

Statutory Home Office 1513 Country Club Road, Sherwood, AR, US 72120  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1513 Country Club Road  
(Street and Number)  
Sherwood, AR, US 72120 501-835-3400  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1513 Country Club Road, Sherwood, AR, US 72120  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1513 Country Club Road Sherwood, AR, US 72120 501-835-3400  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.deltadentalar.com

Statutory Statement Contact Phyllis L Rogers 501-992-1616  
(Name) (Area Code) (Telephone Number) (Extension)  
progers@ddpar.com 501-992-1617  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title
1. <u>Eddie Allen Choate</u>	<u>President and CEO</u>
2. <u>Mel Taylor Collazo</u>	<u>Secretary</u>
3. <u>Susan Jane Fletcher Smith</u>	<u>Vice Chair and Treasurer</u>

### VICE-PRESIDENTS

Name	Title	Name	Title
<u>Ina Lynn Harbert</u>	<u>Senior Vice President and COO</u>	<u>Phyllis Lynn Rogers</u>	<u>Senior Vice President and CFO</u>
<u>Herman Eldon Hurd</u>	<u>Vice President of Provider Relations</u>	<u>Allen Dale Moore</u>	<u>Vice President of Information Technology</u>
<u>James Durette Johnson</u>	<u>Senior Vice President of Sales and Marketi</u>		

### DIRECTORS OR TRUSTEES

<u>Harold Wayne Perrin</u>	<u>Robert Howard Gladden</u>	<u>Ebb Weldon Johnson</u>	<u>James Talbert Johnston</u>
<u>Susan Jane Fletcher Smith</u>	<u>Mel Taylor Collazo</u>	<u>Ronald Paul Ownbey</u>	<u>Terri Anderson Miller #</u>
<u>Troy John Dryden Bartels #</u>	<u>Sarah Clark #</u>	<u>Granville Wayne Callahan, Sr. #</u>	

State of Arkansas  
County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<u>(Signature)</u> <u>Eddie Choate</u> <u>(Printed Name)</u> 1. <u>President and CEO</u> <u>(Title)</u>	<u>(Signature)</u> <u>Mel Collazo</u> <u>(Printed Name)</u> 2. <u>Secretary</u> <u>(Title)</u>	<u>(Signature)</u> <u>Susan Jane Fletcher Smith</u> <u>(Printed Name)</u> 3. <u>Vice Chair and Treasurer</u> <u>(Title)</u>
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2013

a. Is this an original filing?  Yes  No  
b. If no: 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_



**NONE Exhibit 3 - Health Care Receivables**

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0599999 Unreported claims and other claim reserves						4,836,153
0799999 Total claims unpaid						4,836,153



### EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Omega Administrators, Inc. Delta Dental of Michigan, Inc.	Administrative Fees Administrative Fees	1,191,759 86,648	1,191,759 86,648	
0199999 Individually listed payable		1,278,407	1,278,407	
0299999 Payables not individually listed				
0399999 Total gross payables		1,278,407	1,278,407	



### EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,606,023		1,393,266	212,757	212,757	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,606,023		1,393,266	212,757	212,757	



47155201243004100

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0000

**BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2012**

NAIC Company Code 47155

29,AR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	181,566				35,675	145,891				
2. First Quarter	218,355				37,793	180,562				
3. Second Quarter	223,973				41,927	182,046				
4. Third Quarter	223,293				42,064	181,229				
5. Current Year	226,449				42,970	183,479				
6. Current Year Member Months	2,669,838				489,604	2,180,234				
Total Member Ambulatory Encounters For Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	103,631,420				5,403,769	98,227,651				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	103,631,420				5,403,769	98,227,651				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	79,549,751				2,853,459	76,696,292				
18. Amount Incurred for Provision of Health Care Services	80,608,864				2,907,464	77,701,400				

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0.



47155201243059100

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0000

**BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2012**

NAIC Company Code 47155

29,GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	181,566				35,675	145,891				
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(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0.

### SCHEDULE S - PART 1 - SECTION 2

#### Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
86231	39-0989781	01/01/2008	Transamerica Life Insurance Company	IA	QA/G	209,688		198,715			
81396	94-2761537	01/14/2008	Delta Dental Insurance Company - VA Project HERO Dental Progr	DE	QA/G&I	289,641					
69868	47-0322111	08/15/2009	United of Omaha Life Insurance Company and Mutual of Omaha In	NE	QA/G	14,822,064	7,521	4,170,011	(3,694,975)		
0499999	Non-Affiliates - U.S. Non-Affiliates					15,321,393	7,521	4,368,726	(3,694,975)		
0699999	Non-Affiliates - Total Non-Affiliates					15,321,393	7,521	4,368,726	(3,694,975)		
0799999	Totals U.S.					15,321,393	7,521	4,368,726	(3,694,975)		
0999999	Totals					15,321,393	7,521	4,368,726	(3,694,975)		

### SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company  
as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>NONE</b>						
1799999 Totals - Life, Annuity and Accident and Health						

### SCHEDULE S - PART 3 - SECTION 2

#### Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
11163	86-0960007	01/01/2008	Avesis Insurance Incorporated	Phoenix, Arizona	QA/G&I	2,701,558		106,765				
1199999	Unauthorized General Account – Non-Affiliates - U.S. Non-Affiliates					2,701,558		106,765				
1399999	Total Unauthorized Non-Affiliates					2,701,558		106,765				
1499999	Total General Account Unauthorized					2,701,558		106,765				
2299999	Total General Account Authorized, Unauthorized, and Certified					2,701,558		106,765				
4599999	Total U.S.					2,701,558		106,765				
4799999	Totals					2,701,558		106,765				

### SCHEDULE S - PART 4

#### Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
11163	86-0960007	01/01/2008	Avesis Insurance Incorporated			106,765	106,765		0							
1199999	General Account Accident and Health – Non-Affiliates - U.S. Non-Affiliates					106,765	106,765			X X X	X X X	X X X				
1399999	Total Non-Affiliates					106,765	106,765			X X X	X X X	X X X				
1499999	Total Accident and Health					106,765	106,765			X X X	X X X	X X X				
1599999	Total General Account					106,765	106,765			X X X	X X X	X X X				
2399999	Total U.S.					106,765	106,765			X X X	X X X	X X X				
2599999	Total					106,765	106,765			X X X	X X X	X X X				

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name
		<b>NONE</b>

### SCHEDULE S - PART 5

#### Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Line Number	1 Federal ID Number	2 NAIC Company Code	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable from Reinsurer (Col. 9 + 10 + 11)	13 Miscellaneous Balances (credit)	14 Net Obligation Subject to Collateral	15 Dollar Amount of Collateral Required Collateral (Col. 14 Times Col. 8)	Collateral								
																16 Multiple Beneficiary Trust	17 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			21 Trust Agreements	22 Funds Deposited by and Withheld from Reinsurers	23 Other	24 Total Collateral Provided (Col. 16 + 17 + 21 + 22 + 23)
																		18 American Bankers Association (ABA) Routing Number	19 Letter of Credit Code	20 Letter of Credit Issuing or Confirming Bank Name				
<b>NONE</b>																								
2599999	Totals						XXX	XXX										XXX	XXX	XXX				

### SCHEDULE S - PART 5 (Continued)

Resinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Line Number		25  Percent of Collateral Provided for Net Amount Recoverable from Reinsurer (Col. 24 / Col. 14)	26  Percent Credit Allowed on Net Amount Recoverable From Reinsurer (Col. 25 / Col 8, not to exceed 100%)	27  Amount of Credit Allowed for Net Amount Recoverable From Reinsurer (Col. 14 x Col. 26)	28  Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 27)
<b>NONE</b>					
2599999	Totals	X X X	X X X		

35

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name
<b>NONE</b>		

**SCHEDULE S – PART 6**Five-Year Exhibit of Reinsurance Ceded Business  
(000 OMITTED)

	1	2	3	4	5
	2012	2011	2010	2009	2008
<b>A. OPERATIONS ITEMS</b>					
1. Premiums	2,702	2,268	1,690	1,134	
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance	1,105	935	698	477	
5. Total hospital and medical expenses	1,454	1,196	930	637	
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable					
7. Claims payable	107	80			
8. Reinsurance recoverable on paid losses			59	28	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due	608				
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers		X X X	X X X	X X X	X X X
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust		X X X	X X X	X X X	X X X
18. Funds deposited by and withheld from (F)		X X X	X X X	X X X	X X X
19. Letters of credit (L)		X X X	X X X	X X X	X X X
20. Trust agreements (T)		X X X	X X X	X X X	X X X
21. Other (O)		X X X	X X X	X X X	X X X

**SCHEDULE S – PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	63,983,627		63,983,627
2. Accident and health premiums due and unpaid (Line 15)	367,462		367,462
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	16,710,926		16,710,926
6. Total assets (Line 28)	81,062,015		81,062,015
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	4,729,388		4,729,388
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	1,899,670		1,899,670
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	106,765		106,765
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	11,630,724		11,630,724
15. Total liabilities (Line 24)	18,366,547		18,366,547
16. Total capital and surplus (Line 33)	62,695,470	X X X	62,695,470
17. Total liabilities, capital and surplus (Line 34)	81,062,017		81,062,017
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**  
**Allocated By States and Territories**

		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
States, Etc.							
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Totals							

NONE

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UDP					
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	6210.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	400.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	530.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	760.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	540.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	380.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	1180.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of America	IN	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Health Insurance Company of New York	NY	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
		0	26-2403888				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
		0	11-3774096				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
		0	01-0862825				Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	38-3638865				Renaissance Systems and Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
		0	45-4734479				Electronic Lockbox Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54526	62-0812197				Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporati	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporati	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54674	61-0659432				Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
		0					Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54658	56-1018068				Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR		Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporati	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterik	Explanation
	<b>NONE</b>

## SCHEDULE Y

### PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parents, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
54305	38-1791480	DELTA DENTAL PLAN OF MI INC		1,350,000	16,250,724		44,940,649				62,541,373	
00000	38-3638865	RENAISSANCE SYSTEM & SERVICES, LLC					1,316,312				1,316,312	
54402	31-0685339	DELTA DENTAL PLAN OF OH INC		(750,000)			(25,126,856)				(25,876,856)	
52634	35-1545647	DELTA DENTAL PLAN OF IN		1,150,000			(9,250,454)				(8,100,454)	
54526	62-0812197	DELTA DENTAL PLAN OF TN		200,000			(5,578,087)				(5,378,087)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER		(1,000,000)			(3,073,742)				(4,073,742)	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC		250,000			(1,224,917)				(974,917)	
54658	56-1018068	DELTA DENTAL OF NC		(5,000,000)			(1,387,797)				(6,387,797)	
00000	38-2337000	DELTA DENTAL FUND		2,000,000			(157,050)				1,842,950	
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATIO			(16,250,724)		(125,004)				(16,375,728)	
54674	61-0659432	DELTA DENTAL OF KY INC		550,000			(115,599)				434,401	
15638	13-4098096	RENAISSANCE HEALTH INS CO OF NY					(102,647)				(102,647)	
00000	41-2177193	RENAISSANCE HOLDING CO		8,900,000			(70,500)				8,829,500	
00000	26-2403888	TESIA CLEARINGHOUSE, LLC					(40,000)				(40,000)	
00000	01-0862825	MAVEREST DENTAL NETWORK, LLC										
00000	11-3774096	RENAISSANCE ELECTRONIC SERVICES, LLC										
47155	71-0561140	DELTA DENTAL PLAN OF AR INC		(8,900,000)			14,701,524			(1,765,956)	4,035,568	
00000	46-1376165	RENAISSANCE FAMILY FOUNDATION		1,000,000							1,000,000	
00000	20-4116122	FORE HOLDING CORPORATION		250,000							250,000	
00000	04-3740469	OMEGA ADMINISTRATORS, INC.					(13,347,660)				(13,347,660)	
00000	26-0665787	OMEGA VENTURES, INC					(1,358,172)				(1,358,172)	
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION								1,765,956	1,765,956	
9999999	Control Totals								X X X			

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
<b>AUGUST FILING</b>	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	WAIVED

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

<b>MARCH FILING</b>	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	NO
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
<b>APRIL FILING</b>	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24. Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
<b>AUGUST FILING</b>	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

**Explanation:**

**Bar Code:**

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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